

---

# Wisconsin Well Woman Program HIPAA Companion Document: 837 Professional

## **Companion Document Audience**

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **Purpose of Companion Documents**

The information contained in this companion document applies to Wisconsin Well Woman Program (WWWP).

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide WWWP-specific information that details the way to create HIPAA transactions for WWWP and explains how WWWP creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the WWWP-specific information required to successfully exchange transactions electronically with WWWP.

WWWP will accept and process any HIPAA-compliant transaction. However, a compliant transaction that doesn't contain WWWP-specific information, though processed, may be denied for payment. For example, a compliant 837 claim created without a WWWP procedure code will be processed by WWWP, but will be denied payment.

Companion documents highlight the data elements significant for WWWP. For transactions created by WWWP, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how WWWP processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221- 9036.

## X12 837 Health Care Claim: Professional

Loop	Element	Name	Instructions
	ISA	Interchange control header	The ISA is a fixed-length record with fixed-length elements.  <i>Note:</i> Deviating from the standard's ISA element sizes will cause the interchange to be rejected.
	ISA05	Interchange ID (sender) qualifier	Enter the value "ZZ", mutually defined.
	ISA06	Interchange sender ID	Enter the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	ISA07	Interchange ID (receiver) qualifier	Enter the value "ZZ", mutually defined.
	ISA08	Interchange receiver ID	Enter "WISC_DHFS".
	GS02	Application sender's code	Enter the same value as ISA06, the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	GS03	Application receiver's code	Enter "WISC_WWWP" for WWWP.
	GS08	Version / release / industry identifier code	Enter the value "004010X098A1", the HIPAA mandated implementation guide release for this transaction.  <i>Note:</i> This code represents the HIPAA implementation guide with the most recent addenda changes. Using an earlier guide, without the most recent addenda changes, does not comply with the HIPAA rule and will cause the transaction to be rejected.

Loop	Element	Name	Instructions
	BHT03	Reference identification	Make this identifier unique to a single transaction (ST to SE envelope). Repeating a value will cause the transaction to be rejected. WWWP recommends using a value with an easily identifiable pattern to aid research (e.g., "ANY_GROUP_PRACTICE_20031016" or "ANY GROUP PRACTICE #00001").
	REF02	Reference identification	Enter the value "004010X098A1" to indicate professional claim.  <i>Note:</i> This version includes the addenda.
1000A	NM109	Submitter identifier	Enter the same value as ISA06, the eight-digit numeric vendor number assigned by Wisconsin Medicaid.  <i>Note:</i> A new vendor number will be issued for submitting HIPAA transactions. This number will replace the submitter's current vendor number.
1000B	NM101	Entity identifier code	Enter the value "40" for receiver.
1000B	NM102	Entity type qualifier	Enter the value "2" for non-person entity.
1000B	NM103	Receiver name	Enter "WWWP" to indicate the claims are being sent to WWWP.
1000B	NM108	Identification code qualifier	Enter the value "46" for electronic transmitter identification number.
1000B	NM109	Identification code or receiver primary identifier	Enter the same value as GS03, "WISC_WWWP" for WWWP.

Loop	Element	Name	Instructions
2000A	PRV01	Provider code	Enter the value "BI" to indicate the rendering/performing provider is the same entity as the billing provider or enter "PT" to indicate the rendering/performing provider is the same entity as the pay-to provider.
2010AA	REF	Billing provider secondary identification	Include this segment if the provider in loop 2010AA is the provider certified by Wisconsin Medicaid to submit claims.  <i>Note:</i> WWWP requires all claims be submitted with the Wisconsin Medicaid billing provider number.
2010AA	REF01	Reference identification qualifier	Enter the value "1D" for the Medicaid provider number.
2010AA	REF02	Billing provider additional identifier	Enter the eight-digit billing provider number assigned by Wisconsin Medicaid.
2010AB	NM1	Pay-to provider name	<i>Note:</i> The information in this segment will not be used to determine where to send the provider Remittance and Status Report (R/S) and/or 835 HealthCare Claim Payment/Advice. The R/S Report and/or 835 will be sent to the entity established during the provider certification process.
2010BA	NM1	Subscriber name	Enter information about the subscriber/client in this loop.
2010BA	NM102	Entity type qualifier	Enter the value "1" to indicate the subscriber is a person.
2010BA	NM103	Subscriber last name	Enter the client's last name.
2010BA	NM104	Subscriber first name	Enter the client's first name.
2010BA	NM108	Identification code qualifier	Enter the value "MI" for member identification number.

Loop	Element	Name	Instructions
2010BA	NM109	Subscriber primary identifier	<p>Enter the client's 10-digit WWWP identification number.</p> <p><i>Note:</i> The WWWP client identification number may be either 9 or 10 digits in length.</p>
2300	CLM01	Patient account number	<p><i>Note:</i> WWWP will process up to 20 characters.</p>
2300	CLM02	Total claim charge amount	<p>Enter the total billed amount for the entire claim.</p> <p><i>Note:</i> WWWP will process claims submitted with a negative total billed amount as if the provider submitted a positive total billed amount.</p>
2300	CLM05-1	Facility code value	<p>Enter the place of service (POS) code.</p> <p><i>Note:</i> This national two-digit code replaces the one-digit POS codes that were locally defined by WWWP. This is an external code set of the 837. See the CMS Web site, <a href="http://cms.hhs.gov/states/posdata.pdf">http://cms.hhs.gov/states/posdata.pdf</a>, for appropriate value selections.</p>

Loop	Element	Name	Instructions
2300	CLM05-3	Claim frequency code	<p>The third digit of the type of bill, as defined by the National Uniform Billing Committee (NUBC), is the frequency. Use the claim frequency code to indicate if the claim is being submitted for the first time or if it is a replacement/void of a previously adjudicated claim and paid claim.</p> <ul style="list-style-type: none"> <li>• Enter the value "1" to indicate it is the first time a claim is submitted to WWWP.</li> <li>• Enter the value "7" to indicate this claim is replacing a previously submitted and adjudicated claim. WWWP will null and void the previously submitted claim and completely replace it with this corrected claim.</li> <li>• Enter the value "8" to indicate WWWP should recoup the previously submitted claim in its entirety.</li> </ul> <p><i>Note:</i> The use of values "7" and "8" will result in the previously submitted claim being adjusted. Include the ICN from the previously submitted claim in the original reference number segment in loop 2300. Any adjustment request without the previous ICN will be denied.</p> <p>The claim frequency code was switched to an external code source during the addenda process. See the NUBC manual or Web site, <a href="http://www.nubc.org/FL4forWeb2_RO.pdf">http://www.nubc.org/FL4forWeb2_RO.pdf</a>, for additional information on value selections.</p>
2300	PWK	Claim supplemental information	<p><i>Note:</i> Prior to the implementation of the 275 – Additional Information to Support a HealthCare Claim or Encounter transaction, WWWP will not be matching attachments to electronic claims. Submit all claims requiring attachments on paper.</p>

Loop	Element	Name	Instructions
2300	REF	Original reference number	<p>Include this segment when requesting an electronic adjustment. (A value of "7" or "8" in CLM05-3 indicates that an adjustment is being requested.)</p> <p><i>Note:</i> If this segment is not included, the claim will be denied.</p>
2300	REF01	Reference identification qualifier	Enter the value "F8" for the original ICN.
2300	REF02	Claim original reference number	Enter the most recent ICN assigned by WWWP.
2300	REF	Prior authorization or referral number	Enter the medical record number (MRN) in this segment.
2300	REF01	Reference identification qualifier	Enter the value "EA" for MRN.
2300	REF02	Medical record number	Enter the MRN.
2300	HI	Health care diagnosis code	<p>Enter the diagnosis in this segment.</p> <p><i>Note:</i> WWWP will use up to eight diagnosis codes to process a claim.</p>
2300	HI01-1	Diagnosis type code	Enter the value "BK" for principal diagnosis.
2300	HI01-2	Principal diagnosis	Enter the principal diagnosis code.



Loop	Element	Name	Instructions
2300	HI02-1	Diagnosis type code	Enter the value "BF" for each additional diagnosis code.
2300	HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2	Diagnosis code	Enter additional diagnosis codes in order of importance.
2310A	NM101	Entity identifier code	Enter the value "DN" for referring provider.
2310A	NM103	Referring provider last name	Enter the referring provider's last name.
2310A	REF	Referring provider secondary identification	Include this segment when the referring provider has a Medicaid provider number.
2310A	REF01	Reference identification qualifier	Enter the value "1D" for Medicaid number.
2310A	REF02	Referring provider secondary identifier	Enter the eight-digit individual provider number assigned by Wisconsin Medicaid.
2310B	REF	Rendering provider secondary identification	Enter the rendering(performing) provider's Medicaid identification number in this segment if the performing provider is Medicaid certified and different then the Wisconsin Medicaid billing provider.
2310B	REF01	Reference identification qualifier	Enter the value "1D" for Medicaid number.

Loop	Element	Name	Instructions
2310B	REF02	Rending provider secondary identifier	Enter the eight-digit provider number assigned by Wisconsin Medicaid.
2320	SBR	Other Subscriber Information	Include this loop when the claim will be processed by multiple payers.
2320	SBR09	Claim Filing Indicator Code	Enter the type of payer. WWWP uses this information when evaluating other insurance information.
2320	CAS	Claim level adjustments	<p>Include this segment when another payer has made payment at the claim level. If the other payer returned an 835 HealthCare Claim Payment/Advice, the CAS segment from the 835 should be copied to this CAS.</p> <p><i>Note:</i> WWWP will use the information in the CAS segment in place of the "other insurance indicator".</p>
2320	AMT	Coordination of benefits (COB) payer paid amount	This segment contains the amount paid on this claim by the payer within this 2320 loop.
2320	AMT01	Amount qualifier code	Enter the value "D" for payer amount paid.
2320	AMT02	Payer paid amount	Enter the amount paid on this claim by the payer within this 2320 loop.
2320	AMT	Coordination of benefits (COB) allowed amount	<p>Enter how much the other payer allowed in this segment.</p> <p>If this iteration of 2320 is being used to indicate the claim was not submitted to another payer based on the notes in the SBR segment of loop 2320 of this document, include this segment.</p>
2320	AMT01	Amount qualifier code	Enter the value "B6" for allowed amount.

Loop	Element	Name	Instructions
2320	AMT02	Allowed amount	Enter the other payer's allowed amount.  <i>Note:</i> If the claim was not submitted to another payer, a zero must be used as the allowed amount.
2320	MOA	Medicare outpatient adjudication information	Include this segment when it was returned in the 835 HealthCare Claim Payment/Advice from a previous payer or if this iteration of 2320 is being used to indicate that the claim was not submitted to another payer based on the notes in the SBR segment of loop 2320 of this document.
2320	MOA03	Remark code	If the claim was not submitted to another payer, enter "MA07" in this element.
2330B	NM109	Other payer primary identifier	Enter the other payer's identifier.  <i>Note:</i> WWWP will use this number in combination with loop 2430 to calculate other insurance.
2400	SV101-1	Product or service ID qualifier	Enter the value "HC" for Healthcare Common Procedure Coding System (HCPCS).  <i>Note:</i> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported with qualifier HC.
2400	SV101-2	Procedure code	Enter the HCPCS/CPT code for the procedures performed.
2400	SV101-3	Procedure modifier 1	Enter a HCPCS/CPT modifier code, if necessary to clarify the procedure code.
2400	SV101-4	Procedure modifier 2	Enter a HCPCS/CPT modifier code, if necessary to clarify the procedure code.
2400	SV101-5	Procedure modifier 3	Enter a HCPCS/CPT modifier code, if necessary to clarify the procedure code.
2400	SV101-6	Procedure modifier 4	Enter a HCPCS/CPT modifier code, if necessary to clarify the procedure code.

Loop	Element	Name	Instructions
2400	SV102	Line item charge amount	Enter the billed amount for each service line.  <i>Note:</i> WWWP will process claims with a negative service line billed amount as if the provider submitted a positive service line billed amount.
2400	SV103	Unit or basis for measurement code	Enter the value "MJ" for minutes or "UN" for units.
2400	SV104	Service unit count	Enter the number of minutes or units for the services provided.
2400	SV105	Place of service	Enter the Place of Service (POS) code.  <i>Note:</i> This national two-digit code replaces the one-digit POS codes that were locally defined by WWWP. This is an external code set of the 837. See the CMS Web site, <a href="http://cms.hhs.gov/states/posdata.pdf">http://cms.hhs.gov/states/posdata.pdf</a> , for appropriate value selections.
2400	SV107-1	Diagnosis code pointer	Enter a value of 1 through 8 corresponding to the primary diagnoses in element HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2 or HI08-2.
2400	SV109	Emergency indicator	Enter the value "Y" if the services were performed as a result of an emergency.
2400	SV112	Family planning indicator	Enter the value "Y" if the services are related to family planning.
2400	DTP01	Date/time qualifier	Enter the value "472" for service dates.

Loop	Element	Name	Instructions
2400	DTP02	Date time period format qualifier	Enter value "D8" to indicate a single date of service or "RD8" to indicate a range of service dates.  <i>Note:</i> When "RD8" is used, WWWP will assume the service was performed only once within the range.
2400	DTP03	Service date	Enter the date(s) the procedure was performed.
2400	REF	Line item control number	Enter the line item control number in this segment.
2400	REF01	Reference identification qualifier	Enter the value "6R" for provider control number.
2400	REF02	Line item control number	This field will be returned on the 835 HealthCare Claim Payment/Advice. It should be used by providers if they need a way to uniquely match up service lines in their payment reconciliation process.
2420A	REF	Rendering provider secondary identification	Enter the rendering(performing) provider Medicaid identification number in this segment if the performing provider is Medicaid certified and different then the WWWP billing provider.
2420A	REF01	Reference identification qualifier	Enter the value "1D" for Medicaid number.
2420A	REF02	Rendering provider secondary identifier	Enter the eight-digit provider number assigned by WWWP.
2420F	NM101	Entity identifier code	Enter the value "DN" for referring provider.
2420F	NM103	Referring provider last name	Enter the referring provider's last name.

Loop	Element	Name	Instructions
2420F	REF01	Reference identification qualifier	Enter the value "1D" for Medicaid number.
2420F	REF02	Referring provider secondary identifier	Enter the eight-digit individual provider number assigned by Wisconsin Medicaid.
2430	SVD01	Other payer primary identifier	Enter the other payer's primary identifier if another payer has paid on the service line.
2430	SVD02	Service line paid amount	Enter the amount the other payer paid on the service line.
2430	CAS	Line adjudication information	<p>Include this segment when another payer has made payment at the service line. If the other payer returned an 835 remittance, the CAS segment from the 835 should be copied to this CAS.</p> <p><i>Note:</i> WWWP will use the information in the CAS segment in place of the "other insurance indicator".</p>
2430	DTP	Line adjudication date	Include this segment when another payer has made payment at the service line of this claim.
2430	DTP01	Date/time qualifier	Enter the value "573" for the claim paid date.
2430	DTP02	Date time period format qualifier	Enter the value "D8" to indicate format ccyyymmdd.
2430	DTP03	Adjudication or payment date	Enter the date the other payer paid the claim.